

COVER PAGE

*A Public Document*

Please type or print in ink

|  |         |          |                               |
|--|---------|----------|-------------------------------|
| NAME (LAST)                                | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER      |
| KERWAN                                     | SCOTT   | Michael  |                               |
| MAILING ADDRESS (May use business address) | STREET  | CITY     | STATE ZIP CODE                |
|  |         |          | OPTIONAL FAX / E-MAIL ADDRESS |

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CA Dept Corrections + Rehabilitation

Division, Board, District, if applicable:

Your Position:

Chief Deputy Secretary

— If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Assuming Office/Initial

Date: 3/30/2007

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2006.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

4. Schedule Summary

— Total number of pages including this cover page: \_\_\_\_\_

— Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes — schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes — schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes — schedule attached  
Real Property

Schedule C ☐ Yes — schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes — schedule attached  
Income — Gifts

Schedule E ☐ Yes — schedule attached  
Income — Travel Payments

-OR-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

6-19-2007  
(month, day, year)

Signature

(File the originally signed statement with your filing official.)